

CENTRA CARE Health Foundation

“SPIRIT OF CARING” COMMUNITY AWARD

CentraCare Health Foundation promotes the health of people and communities in Central Minnesota by fostering and funding innovative, collaborative, and effective programs, services, research and education.

The “Spirit of Caring” annual award is a community service award that recognizes collaborative efforts to improve people’s health through education, intervention or service. The award carries a \$5,000 grant. The award will be given to persons who work together beyond individual concerns to develop a project or program that addresses health issues in their community.

ELIGIBILITY:

- The group must engage in activities that promote health improvement in the community or address community health issues.
- The service provided must extend beyond individual organizations to serve a community at large.
- Composition of the group must represent a collaborative effort among distinct entities.
- Preference will be given to groups that demonstrate a unique and innovative approach to improving health in Central Minnesota.
- Nominees may come from any organized group within the 13 counties served by CentraCare Health Foundation: Benton, Crow Wing, Douglas, Kandiyohi, Meeker, Mille Lacs, Morrison, Pope, Sherburne, Stearns, Todd, Wadena and Wright.

NOMINATION FORM:

- Nominations must be filled out completely and legibly.
- Nominations are to be submitted no later than **August 1**.
- Nomination forms can also be found on the CentraCare website <http://www.centracare.com/foundation/grants> Spirit of Caring Award and submitted via email to foundation@centracare.com or mailed to the address below.
- Nominations are to be mailed to CentraCare Health Foundation, 1406 6th Avenue No., St. Cloud, MN 56303 Attn: Sandy Spoden or emailed to foundation@centracare.com

OVERVIEW OF THE PROJECT OR PROGRAM:

- Describe the need for the project or program.
- Describe initiatives undertaken and how the project or program was implemented.
- Demonstrate an impact the project or program made, the population served, and the method of evaluating the impact.
- Describe challenges met and how they were overcome.
- Describe next steps and explain how the group will use the award.

CENTRACARE Health Foundation

"Spirit of Caring" Award Nomination Form

Nominee Information:

Group Name (if formally named): _____

Contact Person for the Group: _____

Daytime Phone: _____ Other: _____

Address: _____ City/State/Zip: _____

Number of Volunteers in the Group: _____

Names of Volunteers & Phone #s:

	Phone #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

County(s) Where Group Activities Occurred: _____

Nominator:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email address: _____

Signature: _____ Date: _____

Please use additional paper to describe in full the overview of the project or program. You may add up to three supporting letters or newspaper articles as addenda to the nomination. The selection committee reserves the right to call for additional information.